

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIPT Date _____		CALIFORNIA FORM 460		Page <u>1</u> of <u>5</u>
				For Official Use Only
Type or print in ink.		Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>		Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u>
<p style="text-align: right;">CITY CLERK'S OFFICE CITY OF SANTA MARIA</p>				

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Recall <input type="checkbox"/> Sponsored <small>(Also Complete Part 5)</small>
<input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee <small>(Also Complete Part 7)</small>
2. Type of Statement:
<input type="checkbox"/> Prelection Statement <input type="checkbox"/> Quarterly Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Termination Statement <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 <input type="checkbox"/> Amendment (Explain below)

3. Committee Information		Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Patino for Mayor 2016		NAME OF TREASURER Tom Martinez
		I.D. NUMBER 1342332

STREET ADDRESS (NO P.O. BOX)			
2624 Airpark Drive			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	(805) 934-5737
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	(805) 934-5737
NAME OF ASSISTANT TREASURER, IF ANY			
Trent Benedicti			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	(805) 934-5737
OPTIONAL: FAX / E-MAIL ADDRESS			

4. Verification

I have all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify

Executed on 7-23-14

Executive 7-28-2014

Executed on _____ Date _____

Executed on _____ Date _____

Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

by _____
Signature of Controlling Offender/Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2624 Airpark Drive Santa Maria CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

STATE

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Patino for Mayor 2016

CALIFORNIA FORM 460	
Statement covers period	from 01/01/2014
	through 06/30/2014
	Page 3 of 5
I.D. NUMBER 1342332	

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 0.00	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3	\$ 0.00	\$ 0.00	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 0.00	20. Contributions \$ _____ \$ _____
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00	\$ 0.00	21. Expenditures \$ _____ \$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 0.00	Made \$ _____ \$ _____
Expenditures Made				Expenditure Limit Summary for State Candidates
6. Payments Made	Schedule E, Line 4	\$ 578.20	\$ 578.20	
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 578.20	\$ 578.20	Total to Date
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00	\$ 0.00	Date of Election (mm/dd/yy)
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0.00	\$ 0.00	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 578.20	\$ 578.20	
Current Cash Statement				To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1,975.68	\$ 0.00	
13. Cash Receipts	Column A, Line 3 above			*Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 85.00	\$ 578.20	
15. Cash Payments	Column A, Line 8 above			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,482.48		
<i>If this is a termination statement, Line 16 must be zero.</i>				
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00	\$ 0.00	
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents	See instructions on reverse	\$ 0.00	\$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00	\$ 0.00	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/227-3772)

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA FORM 460

Statement covers period Date 10/1/2001

SEE INSTRUCTIONS ON REVERSE

NAME QF EII ER

CODES: If one of the following codes accurately describes the payment you may enter the code. Otherwise describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	Independent expenditure supporting/opposing others (explain)*
EG	legal defense
JT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- | | |
|--|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 493.20 |
| 2. Unitemized payments made this period of under \$100 | \$ 85.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 578.20 |

FPPC Toll-Free Helpline: 866ASK-FPPC (8666275-3772) FPPC Form 460 (January/05)

Schedule I Miscellaneous Increases to Cash

SCHEDULE I

Type or print in ink. Amounts may be rounded to whole dollars.	CALIFORNIA FORM 460
--	----------------------------

Attach additional information on appropriately labeled continuation sheets.

Schedule | Summary

1. Itemized increases to cash this period. \$ 0.00

2. Unitenized increases to cash of under \$100 this period. \$ 85.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

TOTAL \$ 85.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)